

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
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39						
40						
41	1					
42		1				
43			1			
44				1		
45					1	
46						1
47						
48						
49						
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	CLAIMS		CLAIMS		CLAIMS	
	IND	DEP	IND	DEP	IND	DEP
51	1					
52		1				
53		1				
54		1				
55						
56						
57	1					
58		1				
59		1				
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TOTAL DEP.						
TOTAL CLAIMS						